

Official Request
**SHOPPING CENTER
INCOME & EXPENSE SURVEY**

CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
703.838.4646



Tax Assessment Map #

Land Use Code

Databank #

RETURN TO:
CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
P. O. BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Department of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the Code of Virginia that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2005. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the Code of Virginia.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2005 calendar year.

Income information related to calendar year 2005 that you may have previously submitted to the Department of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request.** The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property. If the property is 100% owner occupied, and therefore not income producing, please state this in writing on the front of the form and return it to our office.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 1, 2006** or postmarked by the U. S. Postal Service no later than **May 1, 2006**. I would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, which is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia A. Smith-Page". The signature is fluid and cursive, written over the printed name and title.

Cynthia A. Smith-Page, ASA
Director

Enclosure

The Income and Expense information must be placed on this form. No alternative forms may be used. If you should have any questions or need assistance please call our office at 703.838.4646.

CERTIFICATION

State law requires certification by the owners or officially authorized representative.
(Please type or print all information except signatures.)

Name of property _____

Property address _____

Type of project or building _____

Owner(s) name(s) _____

All information, including the accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is true, correct and complete.

Contact person _____

Management Firm _____ Phone _____

Address _____

Date

Signature

Title

Print name

A. ANNUAL OPERATING INCOME (Calendar Year 2005)

Potential Rent

Rental Income - Minimum _____

Rental Income - Overage _____

1. Total Potential Rent _____

2. Less Vacancy (do not include bad-debt allowance) _____

3. Total Collected Rent (line 1 minus line 2) _____

Other Charges _____

Common Area Charges _____

Real Estate taxes _____

Insurance _____

Other escalation charges _____

Income from sale of utilities _____

Miscellaneous income _____

4. Total Other Charges _____

5. Total Operating Income (line 3 plus line 4) _____

B. OPERATING EXPENSES (Calendar Year 2005)

Maintenance and Housekeeping

Roof repair _____

Building _____

Parking lot _____

Utilities
 Security
 Enclosed Mall HVAC
 Snow removal
 Trash removal
 Landscaping
 Elevator/Escalator
 6. Total Maintenance and Housekeeping
 7. Office Area Services
 General and Administrative
 Management fees
 Leasing agent fees
 Bad-debt allowance
 On-site payroll and benefits
 Professional services
 Other
 8. Total General and Administrative
 9. Total Advertising and Promotions
 10. Total Liability and Other Insurance
 11. Real Estate Taxes
 12. Total Operating Expenses (add lines 6, 7, 8, 9, 10 and 11)
 Net Operating Income (line 5 minus line 12)

C. LEASING INFORMATION

Total occupancy area (total floor space) _____ sq. ft.
 Gross leasable area (total floor area designed for tenants' occupancy and exclusive use) _____ sq. ft.
 Total average annual area vacant _____ sq. ft.
 Vacant space: minimum asking rent per sq. ft. _____

D. COST INFORMATION (applicable if property was built within the last five years)

Estimated total construction costs when built \$
 Price of land when purchased \$
 TOTAL COSTS \$

E. SALES INFORMATION

Date acquired Price
 Date sold Price

F. ADDITIONAL INFORMATION

- Are there restrictive covenants in current leases which preclude the construction of additional structures on this property? If so, please give deed book reference. If not recorded in the City of Alexandria Clerk of Courts Office please include a copy of the lease upon the return of this form.
- How many parking spaces are available for each 1,000 square feet of gross leasable area?
- Have any leasehold improvements been installed by lessee? If so, state the dates and costs of such improvements or adjustments which have been made to the lessee's rent as a result of its installation of the improvement. Attach additional sheets if necessary.
- Provide any other information you consider pertinent to the valuation of the property. Please attach additional sheets if necessary.
- Submit copy of lease summary or actual lease between owner and tenant which has a lease duration period of longer than five years (from commencement date of lease).
- Please attach your most **recent** and detailed rent roll **or** complete the back page of this form. Please be sure the rent roll includes the tenants' gross leasable area (GLA), the lease duration, minimum and overage rent, and escalation charges.

7. Has there been a professional appraisal on this property in the last five years?
If yes, appraiser's estimate of value \$ _____

☐ Yes ☐ No
Date of value _____

G. CAPITAL IMPROVEMENTS, RENOVATIONS

☐ Yes ☐ No

Total Capital Cost _____

Loan Amount	Loan Date	Term	Int. Rate (%)	Payment (P & I)	Payment Frequency (Mo. or Yr.)
1.					
2.					